

PART B - FEE(S) TRANSMITTAL

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28061 7590 10/03/2008

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01/08/2009 WABDELR3 00000016 10811725



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<i>Connie L. Summers</i>	(Depositor's name)
<i>Connie L. Summers</i>	(Signature)
<i>5 January 2009</i>	(Date)

A1 FG#2501	755.00 00	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
APPLICATION NO.	FILING DATE	Satchesh Apte	14705	1415

TITLE OF INVENTION: NEF DELETED HUMAN IMMUNODEFICIENCY VIRUS FOR THE RESTORATION OF T-LYMPHOCYTE SIGNALLING AND ACTIVATION FOR THE TREATMENT AND PREVENTION OF HUMAN IMMUNODEFICIENCY VIRUS INFECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$0	\$0	\$755	01/05/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
PARKIN, JEFFREY S		1648	424-188100			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Theodore J. BieLEN, Jr

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE *Swiss Pacific Group, LTD* (B) RESIDENCE: (CITY and STATE OR COUNTRY)
325 South 3rd Street Suite 1-107
LAS VEGAS, Nevada 89101

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number *50-3935* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Theodore J. BieLEN*

Typed or printed name *Theodore J. BieLEN, Jr*

Date *5 Jan 2009*

Registration No. *27,420*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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